

SOUTH DAKOTA DEPARTMENT OF HEALTH
OFFICE OF FAMILY HEALTH
DIAPHRAGM CONSENT FORM

Chart # _____

I, _____, hereby acknowledge that I was given an opportunity to ask questions about all forms of birth control, meaning all prescription, non-prescription, and natural methods. All of my questions were answered to my satisfaction and I understood all of those answers. I understand that no method of birth control, except abstinence, is 100% effective against pregnancy or contracting sexually transmitted diseases, including the Human Immunodeficiency Virus (HIV) infection that leads to the Acquired Immunodeficiency Syndrome (AIDS) disease.

I also acknowledge that the following benefits, risks/side effects, warning signs, alternatives, instructions, and decision to discontinue use option, regarding the birth control method, diaphragm, were explained to me before I voluntarily decided to use this method of birth control.

BENEFITS: I have been told that the diaphragm may be 81-98% effective in preventing pregnancy if used consistently and correctly. I have been told that the risk of pregnancy is less if I use a spermicide with the diaphragm. I understand this method is used only with intercourse and may be inserted up to 6 hours before intercourse.

RISKS/SIDE EFFECTS

1. Urinary tract infection.
2. Toxic shock syndrome, especially if used for long periods of time or during a menstrual period.
3. Vaginal irritation
4. Allergic reaction to the latex

WARNING SIGNS: I have been told that I need to call a doctor or the family planning clinic if I have any of the following early warning signs develop:

- ◆ Frequent bladder infections
- ◆ Burning or itching indicating an allergic reaction of myself or my partner

ALTERNATIVES: I have received written information about other methods of birth control and I choose the diaphragm.

INSTRUCTIONS: I am aware that the diaphragm must be used with each act of intercourse. It may be inserted up to 6 hours before intercourse and must be left in place for at least 6 hours after the last act of intercourse. It can remain in place for up to 24 hours. If intercourse occurs more than once during this time, risk of pregnancy can be reduced by adding spermicide into the vagina with an applicator but not removing or dislodging the diaphragm.

DECISION TO DISCONTINUE USE: I understand that I may discontinue use of the diaphragm at any time. I understand that I should use another method of birth control if I do not desire to become pregnant. If I wish to become pregnant, I understand most women not using birth control get pregnant within 12 months.

I hereby release the South Dakota Department of Health, the South Dakota Family Planning Program, and any of its employees or agents, from and against any and all claims, damages, or liabilities which I may have against them as a result of my receiving birth control and related medical services, supplies, and/or procedures.

Client Signature (date)

Witness Signature (date)